

Due By April 30, 2010

10#106614 09 FS-1

## Rhode Island Ethics Commission

## **2009 YEARLY FINANCIAL STATEMENT**

HOS COMMISSION

SAMUEL A AZZINARO 24 FIRST STREET WESTERLY RI 02891-

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER <u>ALL QUESTIONS</u> AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the

1.	Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).  NAME OF OFFICIAL  (INSTITUTE (INSTITUTE)			
2.	24 15T STREET Westerly 02891  (STREET) (CITY/TOWN) (ZIP CODE)			
	MAILING ADDRESS (If different from home address)			
3.	List Public Position(s) you hold and governmental unit:			
	STATE REPRESENTATIVE DIST 37 STATE (MUNICIPALITY, STATE OR REGIONAL)			
	(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)			
	I was elected on 1/4/08 I was appointed on I was hired on (date).			
	If you no longer hold a public position, state date of termination or resignation			
4.	List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4			
5.	List the following: NAME OF SPOUSE  (AROL AZZINARO)			

6.	income during calendar year 20 received. If employed by a stamunicipal agency for an amount	er from which you, your spouse, or 109. If self-employed, list any occupate or municipal agency, or if self-ennt of income in excess of \$250, lise that is the different street in #3, above, provides you (Do Not List Amounts.)	ation from which \$1,000 nployed and services w It the date and nature o	or more gross income was vere rendered to a state or of services rendered. If the
÷	NAME OF FAMILY MEMBER EMPLOYED SAMUEL A. AZZ	NAME AND ADDRESS OF EMPLOYER OR OCCUP.	ATION	DATES AND NATURE OF SERVICES RENDERED

NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
SELF-Carpenter	1/1/09-8/30/09
i i	1/4/09 - 12/31/09
Westelly Hospital	1/1/09-12/31/09
	4/1/09-8/1/09
Gruy Tomos ResT.	8/2/09 - 12/31/09
	SELF-LARDENTER STONTE REPRESTATIVE Westerly Hospital Andrea Ao Tel

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

ADDRESS OR DESCRIPTION

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

NAME OF TRUST:	<u> </u>
NAME OF TRUSTEE AND ADDRESS:	
NAME OF FAMILY MEMBER RECEIVING TRUST INCOME:	
ASSETS:	4

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING GIFT OR CONTRIBUTION

NA

NAME AND ADDRESS OF PERSON OR ENTITY MAKING GIFT OR CONTRIBUTION

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF AGENCY

DATE AND NATURE OF TRANSACTION

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement AND if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following: NAME AND ADDRESS OF BUSINESS DESCRIPTION OF INTEREST (NOT AMOUNT) AND DATE ACQUIRED AND/OR DIVESTED NAME OF REGULATING AGENCY HOW REGULATED 15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following: NAME AND ADDRESS. DESCRIPTION OF INTEREST NAME OF STATE OF BUSINESS DATE ACQUIRED AND/OR DIVESTED OR MUNICIPAL AGENCY (DO NOT INCLUDE AMOUNT) 16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following: NAME AND ADDRESS OF DEBTOR NAME AND ADDRESS OF LENDER I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission. State of Rhode Island County of Subscribed and sworn to before me at

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

My Commission expires: